

**Housing Voucher Program  
Request for Rental Adjustment Form**

**Complete this form ONLY if you are requesting a rental adjustment and/or utility change. Please return completed form to DHA at least 90 days prior to the end of the lease term; along with a copy of the notice of rental increase to your tenant. If approved, DHA will inform you of the effective date, to ensure that DHA provides the tenant with 30-day notice of an increase to their portion of the rent.**

**Email to: [LL-hotline@dhantx.com](mailto:LL-hotline@dhantx.com), Fax to: 214-599-6188 OR Mail to: 3939 N. Hampton Rd. Dallas, TX 75212  
ATTN: Landlord Services**

OWNER INFORMATION				CLIENT INFORMATION			
Owner Name:				Name:			
Address:				Address:			
City:		State:		Zip:			
Telephone Number:				Telephone number:			
<b>Request Rent:</b>		<b>Vendor Number:</b>		<b>Current Rent:</b>		<b>Client Number:</b>	
<b>1. Building Type:</b>							
<input type="checkbox"/> Apartment		<input type="checkbox"/> Condo		<input type="checkbox"/> Townhouse		Number of Bedrooms: _____	
<input type="checkbox"/> Single Family		<input type="checkbox"/> Duplex				Number of Bathrooms: _____	
				Square Footage: _____		Year Built: _____	
<b>2. Amenities/Utilities: Are you requesting a change in utilities? Yes <input type="checkbox"/> No <input type="checkbox"/></b>							
Air Conditioning (Central/Window Unit)	Yes	No		Item	Specify Fuel Type	Provided by (Tenant or Owner)	Paid by (Tenant or Owner)
Heating (Central/Wall)	Yes	No					
Carport	Yes	No		Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil		
Ceiling Fan(s)	Yes	No			<input type="checkbox"/> Electric		
Dishwasher	Yes	No		Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric		
Disposal	Yes	No					
Enclosed Balcony/Patio	Yes	No		Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil		
Fireplace	Yes	No			<input type="checkbox"/> Electric		
Garage 1 2 3 (Circle One)	Yes	No		Other Electric			
Gated complex/Community	Yes	No					
Handicap Accessibility	Yes	No		Water			
Laundry Facilities/Hook ups	Yes	No					
Lawn Care	Yes	No					
Microwave	Yes	No		Sewer			
Off street parking	Yes	No					
Pest Control	Yes	No					
Playground	Yes	No		Sub-metered/Allocated	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil		
Pool	Yes	No			<input type="checkbox"/> Electric <input type="checkbox"/> Water		
Storage Room	Yes	No		Trash Collection			
Security door/Windows	Yes	No					
Washer or Dryer (Circle One)	Yes	No		Refrigerator			
				Range			

**3. Unassisted Units:**

**If complex has two or more units of same bedroom/bath size, provide comparable data below on unassisted units that are in the same complex for units leased within 60 days of this request.**

Are all units assisted  Yes  No

Individually Owned:  Yes  No

1. Address of Unit (Include Apt #)

Rent Amount \$

# of Bedroom(s)/Bath(s):

Date Rented:

2. Address of Unit (Include Apt #)

Rent Amount \$

# of Bedroom(s)/Bath(s):

Date Rented:

3. Address of Unit (Include Apt #)

Rent Amount \$

# of Bedroom(s)/Bath(s):

Date Rented:

**As the Owner, I am aware that:**

I am not permitted to reside in the assisted unit while I am receiving Housing Assistance Payments.

Are you the parent, child, grandparent, sister, brother, stepparent or stepchild of any member of the tenant family?

Yes  No

\_\_\_\_\_  
Signature

Owner

Agent

Manager

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

